

Work Order ID 107233

September-23-13 11:36:08 AM

107233

Page 1

Item ID: D3179-041

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Litter Tie Down (Non-Locking)

Stop

NS2

Start Date: 9/23/13 Start Qty: 2.00

2 x3

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan:

*PL*Date: 13-09-23 Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3179	Rev D								
100		0.00							
100	BAND SAW								
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut blanks: 12.150" long								
110		0.00							
110	HAAS CNC VERTICAL MACHINING #1								
HAAS i	Memo	0.00							
HAAS CNC vertical machine #1	1- Mill as per Folio FA297 Rev: <u>AA</u> & Dwg D3179-1 Rev: <u>Q</u> 2- Deburr per dwg D3179-1								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120	Memo	0.00							
QC									
Quality Control									

*BT 13-09-23**BT 13-09-30 (x3)
RTO**BT 13-09-30 (x3)*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DOA:

Date:

13/10/22

QA Closed:

Date:

10/23

Work Order: <u>107233</u>	DISPOSITION	AGAINST DEPARTMENT/PROCESS				
Part No. <u>03179-041</u>	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. <u>13-3159</u>	Scrap <input type="checkbox"/>	Machining <input checked="" type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	
	Use-as-is <input checked="" type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling	13-09-30	(10	13	mat'l is supposed to measure 0.375" on flat (not in rad) closest to the inner rad mat'l not uniform measures up to .435"	13-10-03	Acceptable. No effect on FIT.	AT 13-10-03	DAS 16 9-89	DAS 16 9-89
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General			
Bending	Bend	Grain	Ovalized	Pressure/Forced
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld
Crushed/Crimped	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled
Cuffs	Contamination	Maintenance	Part Moved	
Heat Treat	Countersink	Mislabeled	Positioned Wrong	
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	
Ripples in Bend	Drill Holes	Offset		
Torque Waves in Extrusion	Drawing	Out of Calibration		
Turning Sequence	Finish	Out of Sequence		
Wave/Twist in Tube	Folio	Outside Dimensions		

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: John Date: 13/10/22QA Closed: 13/10/23 Date: 13/10/23

Work Order: <u>107233</u>	DISPOSITION				AGAINST DEPARTMENT/PROCESS					
Part No. <u>D3179-041</u>	Rework	Scrap	Skid-tube	Crosstube	Water Jet	Engineering				
NCR No. <u>13-3160</u>	Use-as-is	Machining	Small Fab	Prod. Eng. Coor.	Quality	Engineering			Quality	Other
Work Order Update	Thermoforming	Finishing	Large Fab	Rec/Store/Packaging	Supplier	Supplier				

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling	<u>13/09/30</u>	<u>110</u>	<u>x1</u>	operator installed part incorrectly for 3rd operation causing the label "End bracket OUTBO =>" to be facing the wrong way + to be on the wrong side	<u>9P</u> <u>13/09/30</u>	SCRAP + replace <u>D6201</u> <u>M 81421</u>	<u>4P</u> <u>13/09/30</u>	<u>✓</u> <u>13/09/30</u>	<u>DAS</u> <u>16</u> <u>9-89</u>
Operator	<u>X</u>								
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	General	General	General	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced	
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure	
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld	
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled	
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved		
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other	
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset			
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration			
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions			

Work Order ID 107233

107233

Page 2

September-23-13 11:36:08 AM

Item ID: D3179-041

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Tie Down (Non-Locking)

Stop

NS2

Start Date: 9/23/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC	QC8- Inspect parts - second check Memo	0.00				3	0		
140 *140* HandFinish	Chemical Conversion Coat per QSI005 4.1 Memo	0.00				3	0		
150 *150* QC	QC3 Inspect Part Finish Memo	0.00				3X	0		

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/> Equip/Tooling <input type="checkbox"/> Operator <input type="checkbox"/> Material <input type="checkbox"/> Setup <input type="checkbox"/> Other <input type="checkbox"/> Process <input type="checkbox"/> Supplier <input type="checkbox"/> Training <input type="checkbox"/> Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Work Order ID 107233

September-23-13 11:36:08 AM

107233

Page 3

Item ID: D3179-041

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Litter Tie Down (Non-Locking)

Stop

NS2

Start Date: 9/23/13 Start Qty: 2.00

2

Cust Item ID:

Required Date: 9/23/13 Req'd Qty: 2.00

2

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

160

Powdercoat

Powder Coating

W\A6125

White Gloss(Ref:4.3.5.1) per QSI005 4.3-Alum

0.00

Memo

170

0.00

3X 8M 13/10/09

START TIME:

FINISH TIME:

OVEN TEMPERATURE:

3200F

740

170

QC3- Inspect Part Finish

0.00

170

QC

Quality Control

180

180

Small Fab

Small Fab

0.00

Small Fab

Memo

0.00

Assemble as per Dwg D3179

Open Holes .246
"D" 9.89

DAS

30

9.89

13/10/21

DAS

36

9.89

13/10/21

13/10/21

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear				General											
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio						<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Setup	<input type="checkbox"/>											
Other	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Picklist Print

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Page 1
13.

Work Order ID: 107233

Parent Item: D3179-041

Start Date: 9/23/13

Required Date: 9/23/13

Parent Item Name: Litter Tie Down (Non-Locking)

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP A1 03.01.09 Added Acid etch end alodine RF
IPP Rev:B Added Powder Coat 07-07-04 JLM
13-05-24 VERIFIED BY:DD
IPP Rev:C 08-12-10 add part list DD verified by:JLM

IPP REV:C AS PER REV D JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2372 Quick Release		Manufactured	No			180	Each	9.0000	2	4		13/10/21	DAS 36 9-89
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		9							
				86001		2							
				97848		5							
				99810		2							
D2444 Pip Pin Assembly		Manufactured	No			180	Each	15.0000	1	2		13/10/21	DAS 36 9-89
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST010		15							
				101027		10							
				105573		4							
				97238		1							
D6201 "T" Extrusion		Manufactured	No			180	f	29.9896	1.0125	2.1315789		13-09-29	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT028		29.98963153							
				81421		1.54363153							
				83987		16.8							
				89645		0.246							
				96808		11.4							

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector			
Doc/Data	<input type="checkbox"/>														
Equip/Tooling	<input type="checkbox"/>														
Operator	<input type="checkbox"/>														
Material	<input type="checkbox"/>														
Setup	<input type="checkbox"/>														
Other	<input type="checkbox"/>														
Process	<input type="checkbox"/>														
Supplier	<input type="checkbox"/>														
Training	<input type="checkbox"/>														
Unapproved	<input type="checkbox"/>														
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

Picklist Print

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Page 2

Work Order ID: 107233

Parent Item: D3179-041

Parent Item Name: Litter Tie Down (Non-Locking)

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 2.00

Required Qty: 2.00

DAS

36

9-89

MS21042L3
Nut

Purchased

No

180

Each

5,946.0000

1

2

13/10/21

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
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FP001	3	
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122141	3	
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GA	18	
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122452	18	
--------	----	--

ST314	304	
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111668	1	
--------	---	--

117885	32	
--------	----	--

119017	55	
--------	----	--

119075	138	
--------	-----	--

123265	43	
--------	----	--

M126036	35	
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ST506	1249	
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123900	870	
--------	-----	--

124291	379	
--------	-----	--

ST510a	4372	
--------	------	--

M126275	372	
---------	-----	--

M126333	4000	
---------	------	--

MS27039-1-13
Screw

Purchased

No

180

Each

918.0000

1

2

13/10/21

DAS

36

9-89

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
-----------------	----------------	-----------------

GA	2	
----	---	--

119736	2	
--------	---	--

ST304	30	
-------	----	--

119736	30	
--------	----	--

ST306	388	
-------	-----	--

125654	388	
--------	-----	--

ST506	498	
-------	-----	--

124326	498	
--------	-----	--

3

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Scrap <input type="checkbox"/>		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Use-as-is <input type="checkbox"/>		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Picklist Print

September-23-13 11:36:07 AM

Page 3

Work Order ID: 107233

Parent Item: D3179-041

Parent Item Name: Litter Tie Down (Non-Locking)

Start Date: 9/23/13

Required Date: 9/23/13

Start Qty: 2.00

Required Qty: 2.00

NAS1149D0332J

Purchased

No

100

Each

1,703.0000

3

6

B 81421

Location Loc Qty Loc Code

ST293	37	
	125268	
ST294	1666	
	122973	
	125044	
	m125807	
	1480	

DAS

36

9-89

13/10/21

Washer

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>				Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>		Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>		Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>		Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube					General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
													<input type="checkbox"/> Other	

8

7

6

5

4

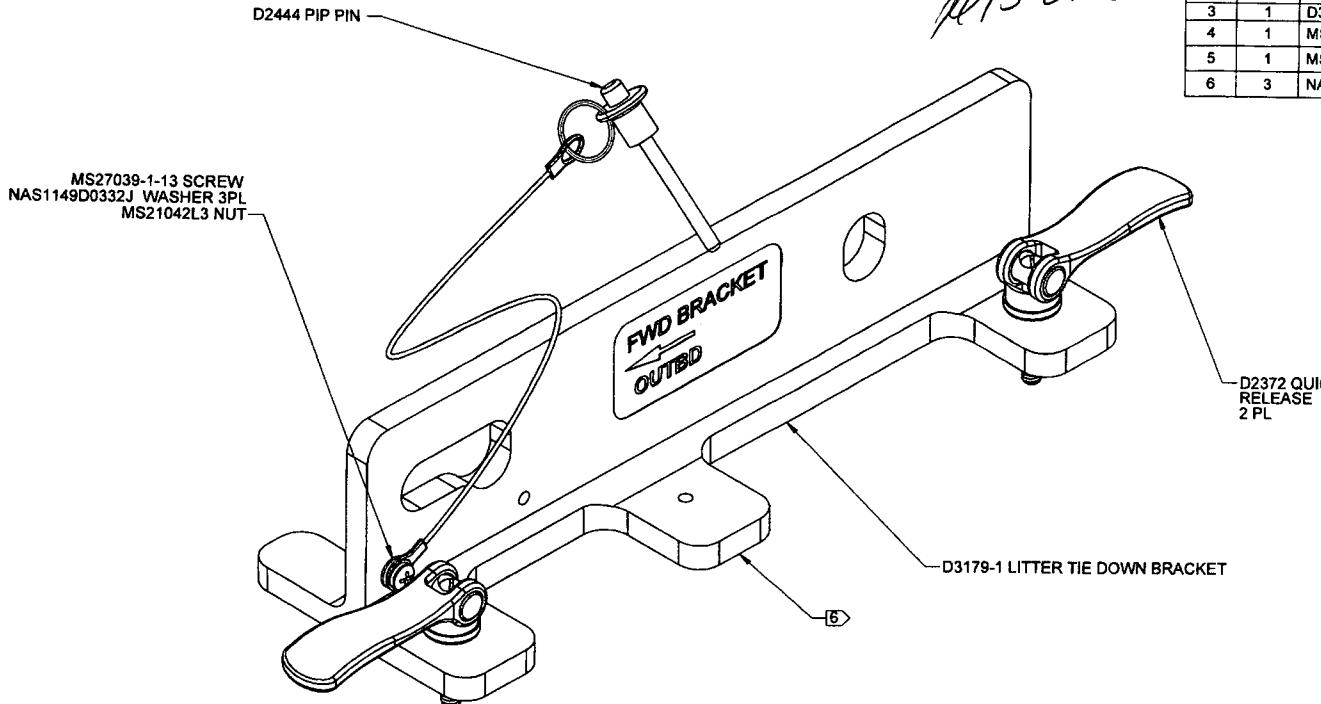
3

2

1

D

D



107233
10/13-09-23

ITEM	QTY -041	P/N	DESCRIPTION
			LITTER TIE DOWN BRACKET
1	2	D2372	QUICK RELEASE
2	1	D2444	PIP PIN
3	1	D3179-1	LITTER TIE DOWN BRACKET
4	1	MS21042L3	NUT
5	1	MS27039-1-13	SCREW
6	3	NAS1149D0332J	WASHER (AN960JD10L)

C

B

A

D3179-041 LITTER TIE DOWN BRACKET

A NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3179-041" ON BOTTOM FACE USING FINE POINT PERMANENT INK MARKER AS PER QSI 044 METHOD 6.1
- 7) WEIGHT: 2.79 lbs

8

7

6

5

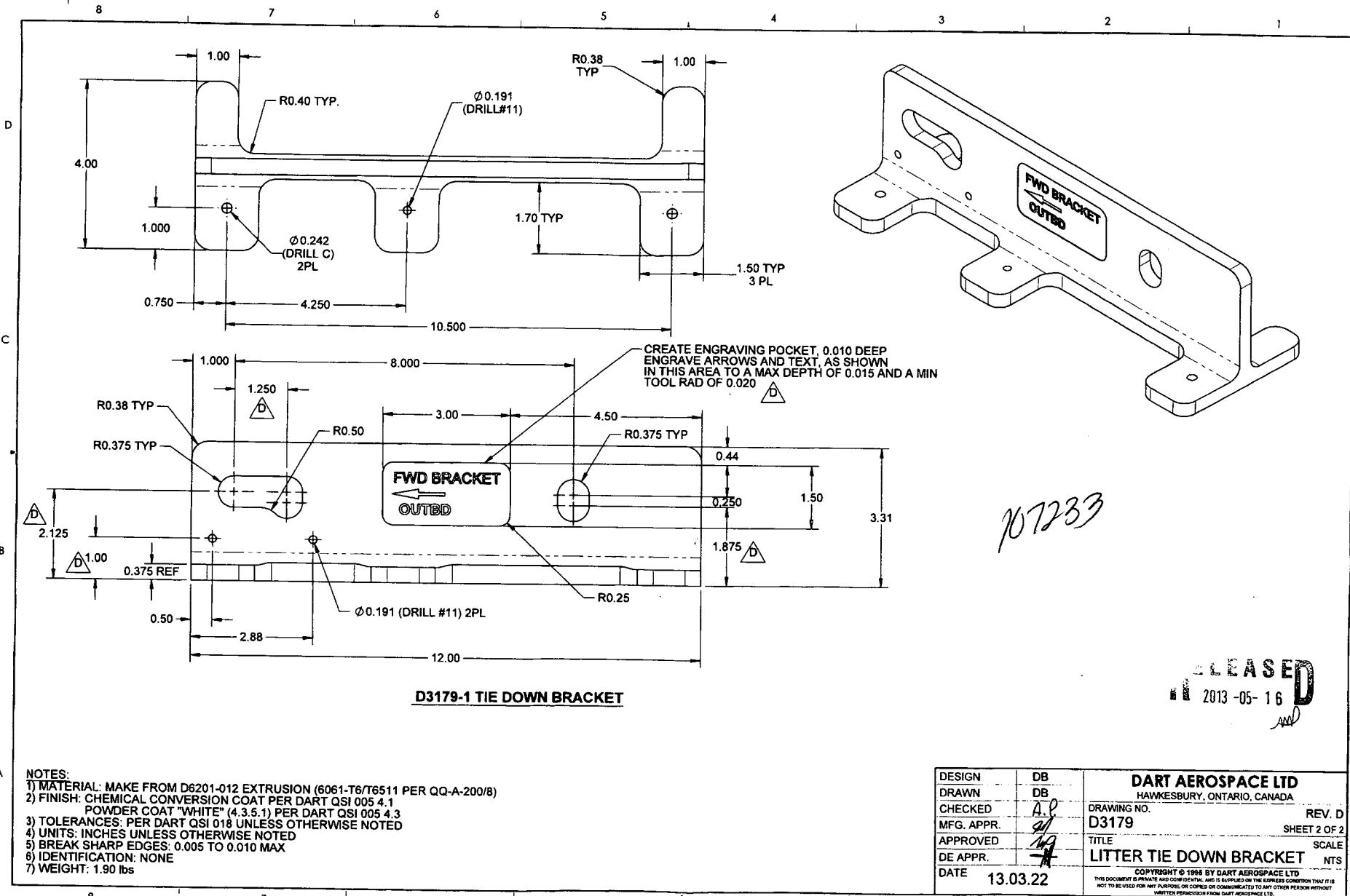
4

3

2

1

D	POSITION AND SHAPE OF LITTER CAPTURE SLOTS CHANGED (ZN B4-2, B8-2, C7-2), ADD ENGRAVING NOTE (ZN C4-2), REF CIR13-15	DB	13.03.22
C	ADD D3179-041 & PARTS LIST (ZN B6-1, D2-1); D3179-1 WAS D3179 (ZN A5-2); REMOVE ENGRAVE PIN	RF	08.11.07
B	REFORMAT DRAWING, FINISH WAS ANODIZE	DC	07.06.06
A	NEW ISSUE	RF	02.12.09
REV.	DESCRIPTION	BY	DATE
DESIGN	DB	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	A.P.	DRAWING NO.	REV. D
MFG. APPR.	2/1	D3179	SHEET 1 OF 2
APPROVED	1/1	TITLE	SCALE
DE APPR.	1/1	LITTER TIE DOWN BRACKET NTS	
DATE	13.03.22	COPYRIGHT © 1985 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY OTHER PURPOSE OR BY ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



NOTES:

- 1) MATERIAL: MAKE FROM D6201-012 EXTRUSION (6061-T6/T6511 PER QQ-A-200/8)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT "WHITE" (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.90 lbs

DESIGN	DB	DART AEROSPACE LTD	
DRAWN	DB	HAWKESBURY, ONTARIO, CANADA	
CHECKED	A.0	DRAWING NO.	
MFG. APPR.	9/1	REV. D	
APPROVED	11/9	D3179	
DE APPR.	11/9	SHEET 2 OF 2	
DATE	13.03.22	TITLE	
LITTER TIE DOWN BRACKET			
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0877

DART AEROSPACE LTD	Work Order:	107233
Description: Fwd Litter Tie Down Bracket	Part Number:	D3179-1
Inspection Dwg: D3179 Rev: D		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by: <u>JK</u>	Audited by: <u>FK</u>	Preliminary Approval:
Date: 13-09-30	Date: 13/10/03	Date:

Rev	Date	Change	Revised by	Approved
A	09.04.05	New Issue P/O D3179-041	KJ/DD	
B	12.10.04	Dimension 0.750 was 1.750	KJ	
C	13.05.27	Dimensions revised per Dwg Rev D	KJ	 